

# Town of Chesterfield, NH

CONFIDENTIAL  
COMPLAINT FORM

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date, Time, Location of Incident: Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employee(s) against whom complaint is being filed, if known:

Dept.: \_\_\_\_\_ Name: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

Dept.: \_\_\_\_\_ Name: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

Brief summary of Complaint (please provide as much information as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this statement of complaint will be submitted to the Chesterfield Town Administrator and may be the basis for an investigation.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Submit form** to Selectmen's Office, PO Box 175, 490 Route 63, Chesterfield, NH 03443 or email to Town Administrator Alissa Thompson at [townadmin@nhchesterfield.com](mailto:townadmin@nhchesterfield.com)